



# APPLICATION FOR EMPLOYMENT

## Town of Lexington, Massachusetts

### Recreation and Community Programs

**(Returning applicants are required to complete sections I, II, VIII only)**

For Office Use Only

Position(s):

Rate(s)

Approved:

Date:

Start Date:

Thank you for your interest in employment with the Town of Lexington, Recreation and Community Programs Department. The Town is an Equal Opportunity / Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only on your merit, without regard to race, religion, sex, age, nation, origin or disability.

**PLEASE NOTE:** The Town accepts applications for advertised positions only. Applications must be returned to the Recreation and Community Programs Department in person, via mail or email. Each question should be fully and accurately answered. Please complete the application by printing neatly or type (applications will be returned without action if not legible), sign and return with supporting documents to:

Recreation and Community Programs, 39 Marrett Road, Lexington MA 02421

recdept@lexingtonma.gov

*Applications for summer employment may be submitted from December to March 1 only.*

## I. PERSONAL

Name	First	Middle	Last	
Address	Street	Town/City	State	Zip
Email:				
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:	Gender:	
Have you worked for the Town of Lexington or the Lexington Public Schools before? Yes <input type="checkbox"/> No <input type="checkbox"/>			Volunteered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list previous positions held with the Recreation and Community Programs Department				
Position		Dates of Employment		Supervisor
Were you in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, which branch?	
			Dates of Service:	

For current job openings please refer to the Employment and Volunteer Opportunity book

I would like to be considered for: <input type="checkbox"/> Full Time Work <input type="checkbox"/> Part Time Work <input type="checkbox"/> Substitute Work	
Position(s) applying for:	Season: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer

Are there any courses, experiences, interests or skills that would assist you in your role with the Recreation and Community Programs Department?	
Date available to begin work:	Last date available to work (if applicable):
T-Shirt Size:	
<b>Aquatics only</b>	
Please indicate size and suit preference:    Shorts / Trunks _____    One Piece _____    Tankini _____	
Shorts	

## II. CERTIFICATIONS

Please indicate any current American Red Cross or American Heart certificates you now hold, including expiration dates. You must provide the front and back copy of your signed certificates with your application. If you are planning to update any certification requirements, or are presently enrolled in a certification course, please indicate the expected date of completion.

Certification	Expiration Date	Expected Completion Date	Copy Attached
CPR / AED			<input type="checkbox"/> Yes <input type="checkbox"/> No
CPR/FPR (Lifeguard CPR)			<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Basics / Standard First Aid			<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Safety Instructor Aide			<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifeguard Training			<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Safety Instructor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any special qualifications and skills (licenses or certificates, memberships in professional organizations etc.)			

## III. GENERAL

Are you available for evening / weekend hours:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have experience working with youth and/or teens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please elaborate:		
Do you prefer to work independently or with a team?	<input type="checkbox"/> Independently	<input type="checkbox"/> Team
Have you had experience in a leadership role:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please elaborate:

Do you have experience working with people with disabilities?

☐

Yes

☐

No

If yes, please elaborate:

Do you have any special interests or skills? If yes, please elaborate:

Why would you be a good fit for this role?

## IV. PRESENT AND PRIOR EMPLOYMENT

Please list below employers in consecutive order with present or most recent employer listed first, or attach a resume. (Account for all periods of time between employments). If you have not previously been employed, please note "not applicable". Use additional sheets if necessary.

### *Most Recent Employment*

Employer:	Address:	Title:
Dates of Employment:	Type of Business:	
Description of Duties:		
Supervisor:	Phone:	
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for leaving or seeking other employment:		

## *Previous Employment*

Employer:	Address:	Title:
Dates of Employment:	Type of Business:	
Description of Duties:		
Supervisor:	Phone:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving or seeking other employment:		

Employer:	Address:	Title:
Dates of Employment:	Type of Business:	
Description of Duties:		
Supervisor:	Phone:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving or seeking other employment:		

Have you ever been terminated or asked to resign from any paid or volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the position and circumstances:

## V. APTITUDES AND OTHER QUALIFICATIONS

Please check off any software you have experience with	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Powerpoint
	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Point of Sale
	<input type="checkbox"/> Database	Other:

Drivers License #:	State:	Expiration:	Class:
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## VI. EDUCATION HISTORY

Name and Location of School	Graduated
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation School:  Major:  Degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College:  Major(s):  Degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate College:  Major(s):  Degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional education and/or vocational, technical or military training relevant to the position:	

## VII. OTHER INFORMATION

Are you able to provide documented proof of U.S. citizenship or valid work permit, as required, upon employment to work in the United States?  <input type="checkbox"/> Yes <input type="checkbox"/> No
After reviewing the functions of the position as outlined in the job description, are you able to perform all of the essential duties of the position for which you are applying?  <input type="checkbox"/> Yes <input type="checkbox"/> No

## VIII. REFERENCES

Please provide three (non - family) references. References should be former supervisors, coaches or teachers who can comment on your past job performance or work ethic. Individual write-ups are not needed.

Name	Occupation	Address	Phone or Email

## APPLICANTS CERTIFICATION

I certify under penalty of perjury that the statements made in this application are true and correct. I authorize the Town of Lexington to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions and law enforcement agencies. I release all of those persons, employers, references, academic institutions and law enforcement agencies from any and all liability arising from their giving and receiving information about my employment history, academic credentials, qualifications or criminal record.

I understand that any false answers, or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate dismissal should one be discovered after I am employed. I understand that federal law prohibits the employment of unauthorized aliens and that the Town has an obligation to make sure all employees, regardless of citizenship or national origin, are allowed to work in the United States. All persons hired must submit proof of citizenship, permanent resident status or employment authorization in the form of an Employment Authorization Document. I understand the failure to submit satisfactory proof of identity and employment authorization will result in a denial of employment. I understand that my employment with the Town, should I be hired, is a voluntary one. Nothing in this employment application, in the Town's statement of personnel guidelines, or in my communication with any Town employee or official is intended to create an employment contract between the Town and me. I acknowledge that employment is not guaranteed for a definite period of time and that some positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled for benefits offered to full-time positions (except FICA and Workers' Compensation).

There is nothing to keep me from fulfilling the duties of the job for which I have applied.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send the completed application and supporting documents to the  
Lexington Recreation and Community Programs Department.

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recdept@lexingtonma.gov